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Bib Data Sheet

CONFIRMATION NO. 2656

SERIAL NUMBER 09/804,625	FILING DATE 03/09/2001  RULE	CLASS 530	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 5160C-CON
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## APPLICANTS

Elizabeth A. Wang, Carlisle, MA;

John M. Wozney, Hudson, MA;

Vicki A. Rosen, Brookline, MA;

## \*\* CONTINUING DATA \*\*\*\*\*

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This application is a CON of 08/925,779 09/09/1997 PAT 6,245,889  
which is a CON of 07/721,847 06/14/1991 PAT 6,150,328  
which is a CIP of 07/493,272 03/14/1990 ABN  
and a CIP of 07/378,537 07/11/1989  
and a CIP of 07/655,579 03/18/1991 PAT 5,618,924  
said 07/493,272 03/14/1990 ABN  
is a CIP of 07/406,217 09/12/1989 ABN  
said 7/655,579 03/18/1991 PAT 5,618,924  
is a DIV of 07/179,100 04/08/1988 PAT 5,013,649  
~~which is a CIP of 07/628,285 03/20/1987 ABN~~  
~~and a CIP of 06/943,332 12/17/1988 ABN~~  
~~and a CIP of 06/888,776 07/01/1986 ABN~~

AR 745/6

## \*\* FOREIGN APPLICATIONS

UNITED STATES OF AMERICA PCT/US07/01597 06/30/1987

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MA	7	27	10
Allowance <u>AR</u> Examiner's Signature Initials				

## ADDRESS

22852

FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER  
LLP

901 NEW YORK AVENUE, NW

WASHINGTON, DC

20001-4413

## TITLE



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\*BIBDATASHEET\*

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<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/12/2001</b>				
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<b>INDEPENDENT CLAIMS</b> 10				
<b>ADDRESS</b> 22852				
<b>TITLE</b> Novel BMP products				
<b>FILING FEE RECEIVED</b> 1796	FEES: Authority has been given in Paper No. <u>                    </u> to charge/credit DEPOSIT ACCOUNT No. <u>                    </u> for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <u>                    </u> <input type="checkbox"/> Credit	